PROVINCE OF PRINCE EDWARD ISLAND

DEPARTMENT

OF

HEALTH AND SOCIAL SERVICES

SEVENTH ANNUAL REPORT

1986 - 1987

Honourable Keith Milligan, Minister

SEVENTH ANNUAL REPORT

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Province of Prince Edward Island

01 April 1986 to 31 March 1987

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Charlottetown
Prince Edward Island
March 31, 1987

The Honourable Lloyd G. MacPhail
Lieutenant Governor of Prince Edward Island

May It Please Your Honour:

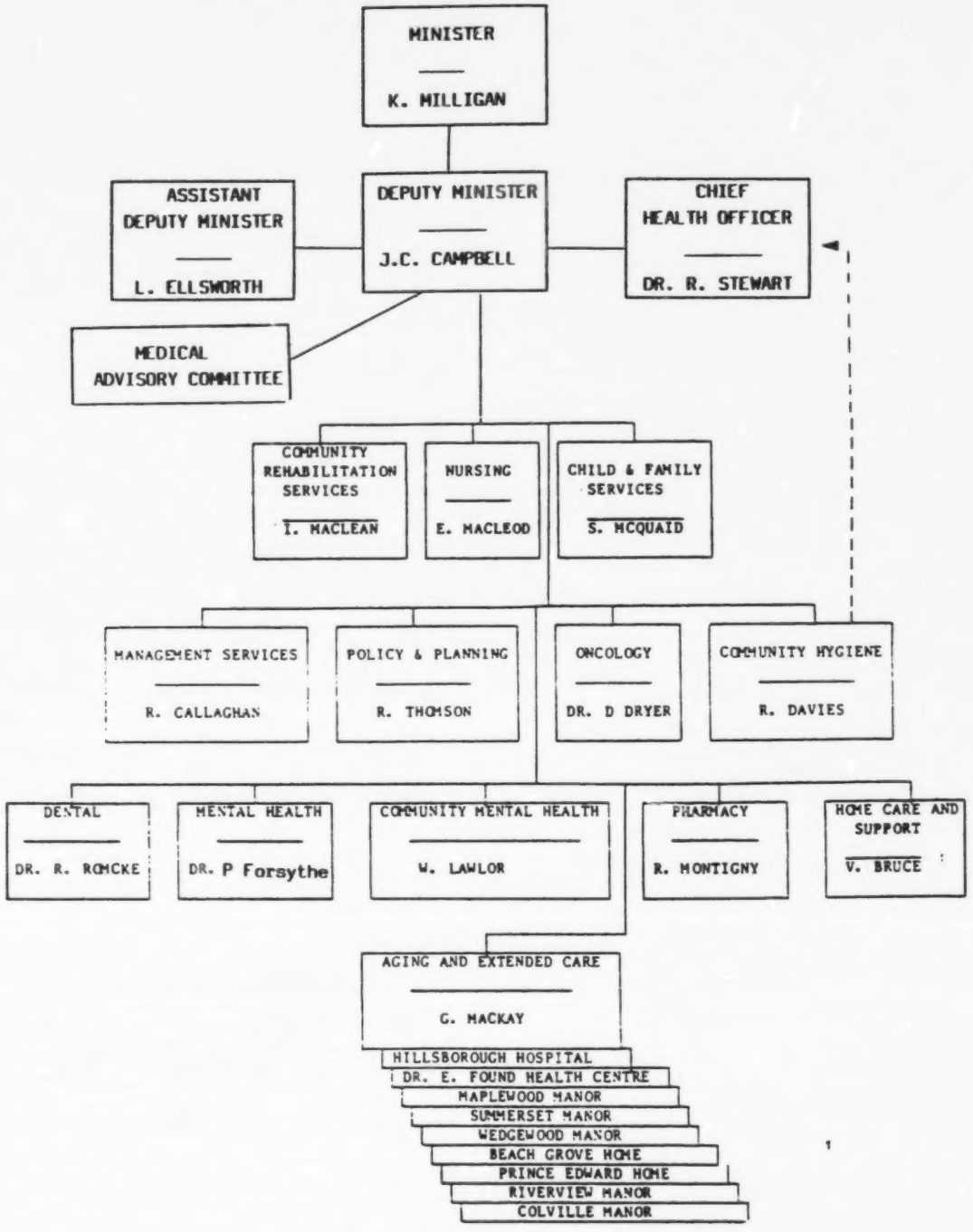
I beg to submit, herewith, for your consideration the seventh annual report of the Department of Health and Social Services for the fiscal year ended March 31, 1987.

I have the honour to be,
Sir,
Your obedient servant,

Keith Milligan
Minister of Health and Social Services

GENERAL ORGANIZATION

P.E.I. DEPARTMENT OF HEALTH AND SOCIAL SERVICES



LEGISLATION FOR WHICH THE MINISTER OF HEALTH AND SOCIAL SERVICES IS RESPONSIBLE

1. Addiction Services Act
2. Adoption Act
3. Change of Name Act
4. Child Care Facilities Act
5. Chiropractic Act
6. Community Care Facilities and Nursing Home Act
7. Cornea Transplant Act
8. Dental Profession Act
9. Dispensing Opticians Act
10. Drug Cost Assistance Act
11. Family & Child Services Act
12. Health Services Payment Act
13. Hillsborough Hospital Act
14. Hospital and Diagnostic Services Insurance Act
15. Hospital Act
16. Human Tissue Gift Act
17. Licensed Nursing Assistants Act
18. Marriage Act
19. Medical Act
20. Mental Health Act
21. Nurses Act
22. Optometry Act
23. Pharmacy Act
24. Practice of Physiotherapy Act
25. Premarital Health Examination Act
26. Provincial Sanatorium Act
27. Public Health Act
28. Queen Elizabeth Hospital (Amalgamation Act)
29. Registered Occupational Therapists Act
30. Rehabilitation of Disabled Persons Act
31. Vital Statistics Act
32. Welfare Assistance Act
33. White Cane Act

Charlottetown
Prince Edward Island
March 31, 1987

Honourable Keith Milligan
Minister
Department of Health and Social Services
P. O. Box 2000
Charlottetown, Prince Edward Island

Honourable Minister:

I have the honour to submit to you the seventh annual report for the department of Health and Social Services for the period April 1, 1986, to March 31, 1987.

Respectfully submitted,

J. Charles Campbell
Deputy Minister

DIVISION OF DENTAL PUBLIC HEALTH

R.G. Romcke, D.D.S.,D.D.S.,D.D.P.H.,F.R.C.D.(C), Director

The purpose of the Dental Division is to assist Prince Edward Islanders to achieve and maintain good dental health. Major activities include the Children's Dental Care Program and the Preventive Orthodontic Program.

The Division's administration offices and the Preventive Orthodontic Clinic are located in the Sullivan Building, while four large mobile dental clinics operate in various centers throughout the Province. Dental clinics are also operated at the Summerside Health Center and the St. Jeans Elementary School in Charlottetown. In addition, Preventive Dental Clinics are operated on a part-time basis in Tignish, O'Leary, Crapaud, Abrams Village, Morell, Souris, Montague and Murray River.

Further improvements in the dental health of children were achieved during the past year with lower average treatment needs, and with more children having dental caries-free permanent teeth. These improvements are due, in part, to the successful use of fissure sealants in preventing dental disease.

An increasing interest in the dental health needs of the elderly is rapidly developing across Canada with one province having legislation mandating certain basic dental services for the elderly living in institutions. Preliminary planning to address some of the needs of the elderly in this Province is in progress.

The program provides dental health education, preventive services and dental treatment in mobile and permanent Department of Health and Social Services Clinics and in private dental offices in a total of seventeen centers throughout the Province. Extensive case finding and follow-up procedures are utilized to ensure that all eligible pre-school and school-aged children receive regular care beginning at an early age.

Dental Health Education is provided to parents and children in all clinics. Dental hygienists give presentations in schools, kindergartens and to youth and other groups. During the year division staff visited day care centers and elementary schools in the Province and participated in a variety of health promotional activities.

Preventive Dental Services are provided in all mobile and fixed dental clinics and in preventive clinics which operate throughout the Province. Preventive services include cleaning of teeth and the topical application of fluoride and fissure sealants. In 1986/87 a total of 14,089 children received preventive services at seventeen centers.

Dental Treatment is provided in department clinics and by private dentists in various centers throughout the Province. During 1986/87 a total of 16,605 children received dental treatment. Of this number, 10,649 were treated by private dentists while 6,136 were treated in Department of Health and Social Services Clinics.

Fissure Sealants

Fissure sealants are plastic films which are used to cover the fissures and grooves of the biting surfaces of teeth and thereby prevent dental caries and the resulting need for restorations on these surfaces.

A demonstration project to assess the long-term effectiveness of fissure sealants has been in operation for the past eight years. The results have been most favorable.

Fissure sealants have been gradually introduced in all Department clinics with excellent results. The number of permanent teeth requiring restorations has been very significantly reduced.

During the past year special sealant clinics for 12-14 year old children were held throughout the Province. These clinics were operated by department staff.

Another initiative is a two year demonstration project in which private dentists provide fissure sealants for their young patients. In 1986, the first year of the program, fissure sealants were provided to 5-7 year olds. During the second year of the project children 5-8 years of age have been involved. Through these and other initiatives the benefits of fissure sealants will eventually be available to all children.

Progress Toward Objective

In 1971, when the program commenced, the dental health of children in the Province was deplorable. The average child had two infected teeth with seven additional teeth requiring large restorations (fillings). Regular dental care was being received by only 20% of school-aged children and 5% of pre-school children. In 1982, the long range objective of the children's dental care program; namely, good dental health for all children, was achieved. Approximately 90% of all children were receiving dental care on a regular basis, the extraction of teeth due to dental caries was a rare occurrence and children required an average of just over one dental restoration each year. Essentially all children had good dental health.

Many of the 13-16 year old children removed from the program in 1983 did not receive regular dental care and had developed extensive dental treatment needs when they were reinstated in 1986.

In March 1986, nearly all children aged 4-12 and most 13-16 year olds have good dental health. Significant improvement in the dental health of 13-16 year olds is anticipated during the next year.

The Preventive Orthodontic Program provides preventive and interceptive orthodontic services to children covered under the Children's Dental Program. The objectives of the program are to provide good function and acceptable appearance using simple methods, thereby eliminating the need for complex orthodontic treatment at a later date.

The program provides services to approximately one-third of all children at one time or another. Each year children are referred to the clinic by private dentists and clinic dentists.

During 1986-87 a total of 1586 children attended the preventive orthodontic clinic. Of this number, 342 children were treated with orthodontic appliances.

Dental Manpower

The Province has an adequate supply of dentists who are well distributed throughout the Province. There is also an adequate supply of dental hygienists and dental assistants in all areas of the Province. Present indications are that a surplus of dentists will develop in the very near future.

Summary of Preventive Services

	Number of Children	
	1985-86	1986-87
Total for 17 Centers	12,000	14,089

Summary of Fissure Sealant Services for Children 13-14 Years

	Number of Children	
	1985-86	1986-87
	1,943	1,901

Summary of Treatment Services

	Number of Children	
	1985-86	1986-87
Public Health Clinics	5,600	6,136
Private Dentists	8,622	10,469
	14,222	16,605

Preventive Orthodontic Clinic

	Number of Children	
	1985-86	1986-87
Children Attending	1,691	1,586
Children Treated with Appliances	376	342
New Children Assessed	555	505
Children Completed	585	685

DIVISION OF COMMUNITY HYGIENE

Richard J. Davies, B.SC.,CPHI(C), Director

PURPOSE

The mandate of the Division of Community Hygiene is to promote and establish consultation and inspection standards.

The Division of Community Hygiene has defined its inspection programs under eight distinct categories: Food Protection, Occupational Health, Recreational/ Institutional, Accommodations, Environmental Health, Education and Consultation and Radiation Protection Services.

Program: Food Protection

This includes such services as inspecting grocery stores, slaughterhouses, eating establishments and licensed premises, consultation to operators, approval and evaluation of plans for new and existing buildings, sampling and analysis of drinking water supply, maintenance and foodservice sanitation, routine swabbing of utensils and equipment for bacteriological analysis, and the investigation of complaints concerning foodservice sanitation or suspected food-poisoning incidents.

Total Inspections - 2,600

Type of Inspection

Manufacturing	**1985/86**	**1986/87**	**%Increase/ Decrease**
Retail Grocery Stores	300	200	(27%)
Slaughterhouses	210	120	(26%)
Milk Plants (in-depth)	1	-	(10%)
Milk Samples	90	15	(72%)
Consumer			
Eating Establishments	1900	2010	22%
Swab Samples	300	170	(43%)
Licensed Premises	200	250	25%
Swab Samples	250	100	(60%)

Program: Occupational Health

Occupational Health problems are referred to the Division by employees of business and Government, for investigation. The Division works in close operation with Medical Services, Health Protection Branch of Health and Welfare Canada. All chemical analysis and some scientific equipment used in these investigations is made available by this Federal Government Agency.

	1985/86	1986/87	Increase (Decrease)
Total Inspections	**34**	**28**	**(18%)**

The type of problems investigated in the Occupational Health Analysis Program were as follows: testing for levels of various gases, indoor air quality, analysis for various fibre content, checking ventilation systems within buildings and dust levels in autobody shops.

Program: Recreational/Institutional

Type of Inspections	**1985/86**	**1986/87**	**Increase (Decrease)**
Child Care Facilities	180	200	11%
Schools	45	30	(33%)
Nursing Homes	35	38	12%
Institutions/Hospitals	45	35	(22%)
Swimming Pools/Saunas	30	61	108%
Total Inspections	**335**	**364**	

Program: Accommodations

This includes investigating rental accommodation complaints, summer trailer courts, tenting and campgrounds, and tourist accommodations.

Total Inspections - 1,750

Type of Inspection	**1985/86**	**1986/87**	**Increase (Decrease)**
Permanent			
Apartments, Rooming Houses	170	80	(105%)
Temporary			
Temporary Establishments - Hotels, Motels, Cottages and Campgrounds	1450	1690	17%

Program: Environmental Health

The Division receives enquiries and complaints concerning environmental health problems such as rodents and insects, pesticides, air pollution, dead animals, agricultural wastes, water, garbage, solid wastes and toxic chemicals.

Total Inspections - 427

Type of Inspection	1985/86	1986/87	Increase (Decrease)
Complaints	300	262	(12%)
Enquiries	265	165	(37%)

Examples of complaints which were referred by the general public would be as follows: check air quality at local penal institution, odour in basement, insect complaints and local autobody shop - dust/pollution.

Examples of enquiries are as follows: requests for speakers at education courses, farming family suspect of bovine tuberculosis, testing of microwave ovens, and plans for eating establishments.

Program: Education

This program consists of both public and professional education. Owners and employees of the various facilities are taught proper foodservice sanitation procedures.

Four National Sanitation Training Programs were conducted for 119 people. Other groups who received educational instructions from the division include licensed nursing assistants students, and dietitians at the Queen Elizabeth Hospital.

Program: Radiation Protection Service

The province has enacted the Radiation Safety regulations which covers both ionizing and non-ionizing radiation. At the present time, a New Brunswick Radiation Safety Officer is conducting inspections of this province's hospitals to assure that radiation equipment meets the requirements of the Radiation Safety Regulations.

Health Orders

The Division served three Island establishments with a Health Order for the closure of premises. Health Orders are issued where an inspection reveals gross violations of the regulations or where there exists a possibility that people's lives could be in jeopardy.

86:01 Home Complaint ..... Revealed conditions that are detrimental to public health.

86:02 Lobster Bodies ..... Lobster bodies found to be offensive to the general community and deemed a nuisance.

86:03 Eating Establishment ..... Quality of water unsatisfactory.

DIVISION OF MENTAL HEALTH

Pamela J. Forsythe, M.D., F.R.C.P., Director

During the 1986-87 fiscal year the demand for psychiatric services continued to increase. The psychiatric unit at the Queen Elizabeth Hospital continued to report virtually 100% occupancy. In the interests of effective patient care it was felt that the previous policy of admitting emergency patients to beds temporarily vacated by patients out on pass would have to cease. The consequence has been that an increasing number of psychiatric patients have had to be transferred to medical beds in other areas of the hospital to accommodate the most urgent admissions. On occasion patients were also transferred to the Prince County Hospital psychiatric unit if a bed was available there. The Prince County Unit, however, is still unable to accept patients committed under the Mental Health Act.

The second major concern of the Director has been the continuing shortage of psychiatrists. In the summer of 1986 Dr. Blair Hicken returned to P.E.I. having completed his residency training. Dr. Hicken provided a number of sessions to Hillsborough Hospital. The Physician in Chief at Hillsborough Hospital, Dr. Wolf Leon, continued on sick leave throughout 1986-87. Dr. Robert Worling, in addition to acting as Director of the Division of Mental Health, provided psychiatric services to the West Prince area and the Summerside Mental Health Clinic. He was involved in the efforts to recurit a new Director of Mental Health. Other psychiatric services were continued to be provided by Dr. Angus Beck to the Predischarge Unit at Hillsborough Hospital and to Richmond Centre, and by Dr. Eve Powell to the Adolescent Unit at Hillsborough Hospital.

By the end of the fiscal year Dr. Pamela Forsythe had been chosen to assume the job of Director of Mental Health and Physician in Chief of Hillsborough Hospital effective June 15, 1987. The Department also agreed to the establishment of a position for a second staff psychiatrist at Hillsborough Hospital and attempts will be made to recruit to this position as soon as possible.

Other issues facing the Division have been put on hold pending the arrival of the new Director. These include a review of the Mental Health Act, consideration of the completed Role Study of Hillsborough Hospital and its implications for the rest of the psychiatric services system, and finally an evaluation of the number and utilization of acute care psychiatric beds both for adult and adolescent patients.

DIVISION OF COMMUNITY MENTAL HEALTH

William Lawlor, M.S.W., Director

Community Mental Health Services provides a broad range of community-based mental health services to individuals, families, groups, and communities. The program provides services in the area of primary prevention, early intervention and treatment of mental health problems, as well as development and provision of support services to those suffering from long-term mental illness.

Program and Services

Services are provided on a regional basis with mental health teams established in each county. Individuals, families, professionals, and community agencies were offered a wide range of professional mental health services. Included were assessment, consultation, direct treatment, and prevention education services. This was achieved through a variety of modalities including individual, marital, family, and group treatment approaches, as well as the provision of seminars and workshops to professionals and agencies, and to the general public. Each team is established on a multi-disciplinary basis with professionals from the disciplines of psychiatry, social work, psychology, nursing, and occupational therapy.

The McGill Day Treatment Unit continues to operate as a regular day treatment facility, in addition to administering medications in the after care program. After care services are also available within each county provided through the teams with outreach services to Alberton and Souris.

Community Mental Health Teams

There was an increase in demand for services throughout the Island. There was approximately a 7 percent increase in the number of persons served, with over a thousand more sessions offered to individuals and families than in the previous year. In addition to the trend for more services, it appeared as if cases demonstrated with more severe problems, and there was pressure for more specialized services for particular populations such as children and adolescents.

Presenting Problems and Referral Sources

Depression remains the main presenting problem followed by family and marital problems.

Community Mental Health Services received referrals from a total of 13 sources. The major referral sources are as follows:

Medical/Psychiatric 51%
Self 25%
Family or Significant Other 12%
Child and Family Services ..... 9%.

Direct Service Statistics

	1985/86	1986/87
Cases Receiving Services	2,040	2,185
Number of New Cases.....	1,009	1,004
Number of Therapy Sessions	10,367	11,385

Consultation Services

Community Mental Health staff contributed 916 consultation hours during 1986/87. This service is provided to agencies and professionals within the community such as: Child and Family Services, physicians, court, and schools.

Preventative/Education Services

Preventative education services were provided to agencies, groups, and the community at large through the year. There were a total of 112 sessions provided to approximately 3,300 people. There were 59 sessions provided to other helping professional groups and agencies; 25 sessions targeted to high-risk groups; 18 sessions directed toward specific groups; and 4 sessions available for the general public. A few of the topics included family violence, suicide, death and the family, coping with stress, and sexual abuse. Some of the groups presented to included Women's Institutes, Allied Youth, PEI Youth Center, Ministerial Associations, teachers, as well as other divisions within Health and Social Services.

After Care Program

The After Care Program provides former hospitalized patients not only with medication but also with community support and monitoring. The program provided 2921 injections to 218 patients.

DIVISION OF PHARMACY SERVICES

L. Roger Montigny, B.Sc.(Pharm)R.P.E.B.C.,Ph.C., Director

The Division of Pharmacy Services provides pharmacy services in established programs within the Department. The organizational objectives of the Division are to provide professional services with optimum benefit in a cost effective manner.

The Provincial Pharmacy dispenses oral medications, diagnostics and administers the Insulin Program to 3,100 Diabetics; provides prophylactic medications to 37 Rheumatic Fever Clients; subsidizes psychotherapeutic medications prescribed by psychiatrists to 900 Mental Health Clients; covers full cost of a wide range of prescription and non-prescription pharmaceutical products to 8,700 Financial Assistance Clients; provides Lofenalac (milk substitute) to four clients under the Phenylketonuria Program; procures all vaccines for the Immunization Programs provided by the Division of Nursing Services to all Island children. The Provincial Pharmacy also lends its services to various other drug-related programs such as the Cystic Fibrosis Program administered by Rehabilitation Council and the Cyclosporin Program administered by the Victoria General Hospital.

The Division has restructured its services to institutions and manors by further doubling the existing capacity of its controlled drug distribution services. The system promotes safety and accountability in the issuing of medications in nursing homes.

Consultations in an advisory capacity are provided by the Institutional Pharmacist to institutions and manors on all drug-related matters, rational drug therapy, and accreditation requirements.

During 1986 staff of the Division were involved in the development of the Drug Cost Assistance Plan. The Plan offers assistance to Island seniors for prescription medication.

POLICY AND PLANNING UNIT

Rob Thomson, Director

This is a group of four researcher-planner-analysts who help the Department's executive and its operating divisions with:

- **Background information**
- **Program planning and evaluation**
- **Legislative matters**
- **Computerized information system development**
- **Policy analysis and development**
- **Administrative assistance**

BACKGROUND INFORMATION

The Unit responded to surveys on such topics as interaction with U.S. state governments and the regulation of LNA's, pharmacy and chiropody, and answered inquiries -- from other departments and governments, from the media, students and other citizens -- on such things as social services for non-status Indians and for refugees, drug patent law, guaranteed annual income, federal funding, policies on voluntary agencies, nurses' wages and the nurse practitioner, the rules for operating a community care facility, vision care, organ donation and rabies.

COMPUTERIZED INFORMATION SYSTEM DEVELOPMENT

The outstanding achievement was completion of a full system for the Home Care and Support division consisting of work on design, programming, testing, forms, procedures, user manual, training.

Aging and Extended Care's registry of applicants waiting for placement in manors and/or subsidized private beds was also brought into practice. The Oncology registry is under way. A design was provided for the medicare plan's practitioner registry, with capacity for joint manpower monitoring by government and the medical profession.

The Job Creation and Placement database revealed some difficulties that have caused various adjustments and the need for a fuller overhaul. There was a preliminary feasibility report on computerizing Nursing's child health record. Some follow-up assistance was given to the Red Cross laboratory system, and adjustments were occasionally made to Home Care and Support's system.

The relation of the Provincial Laboratory at the Queen Elizabeth Hospital with the national electronic network system of LCDC was investigated. Forms and reports for the reproductive care program were designed. A seminar was presented on the department's original MIS and its apparent need for overhaul. A number of divisional computer operators were trained for their particular program systems.

Statistical compilations were specially programmed for such requests as MR client data, JCP case averages, potential numbers for growth hormone, sub-groupings of diabetic clientele.

PROGRAM PLANNING AND EVALUATION

Perhaps one third of the Unit's energies for this year went into creating the Drug Cost Assistance Plan for senior citizens. That involved finalizing the general shape of the program, writing the legislation, framing the contracts, designing the claims procedures, computer specifications, forms, brochures and guidelines and other information for both pharmacies and consumers.

A review was done of the past two years' efforts toward a better coordinated organization for services to the physically disabled. A staffperson took part in an advisory group connected with a federal-provincial review of VRDP and CAP arrangements for disability services.

An on-going duty of the Unit is to examine cost-sharing implications for any program or new idea, such as transportation for the disabled; this also includes membership on a departmental CAP coordinating committee.

An analytical description was done of hospice development and coming directions. There was critical examination and proposals to improve the provincial reporting system for monitoring notifiable diseases. Sliding fee scales for homemaker, family supports and child care subsidies were compared.

A lengthy proposal was drafted for an inter-service program to give counsel to severely troubled young people. The format was revised and guidelines written for the Program Review process the Department follows every second year.

POLICY ANALYSIS AND DEVELOPMENT

The Unit helped analyse implications of the federal decision to impose limits on EPF, and took an active part in a workshop with federal officials concerning CAP issues related to PEI programs. A Health and Welfare Canada plan to consult Indians on transfer of health-programs control was appraised, and an analytical inventory was done of provincial policies and services regarding status Indians. Staff also dealt with Health and Welfare's concern about the accessibility criterion of the Canada Health Act with respect to hospital abortion committees.

There were studies of the legal and strategic considerations of physician practice of optometric refraction and of pharmaceutical dispensaries operated by physicians. An assessment was made of the need and nature of and optional modes for a provincial chiropody service. Government support for purchase of cystic fibrosis drugs was revisited, and options proposed for Policy Board considerations.

In connection with a Cabinet 'retreat' to plan Government directions for 1987, the Unit compiled about a dozen papers on outstanding issues which the Health and Social Services Ministry might address. A more major discussion paper was done

on issues in extended care such as control of bed stock, public versus private operation and the regulation of standards. In the field of child day care there has been recurrent consideration of issues, especially as the federal government adopted this as a priority.

LEGISLATIVE MATTERS

The Minister is responsible for about three dozen statutes, and this duty has probably occupied almost a third of Policy and Planning Unit's attention.

The brief 1986 legislative session saw enactment of an amendment to the Vital Statistics Act permitting choices for registering a child's surname. The Drug Cost Assistance Plan Act was passed as a foundation for the seniors' drug program, and its regulations have been recently completed.

Between sessions a descriptive inventory was written to explain all departmental legislation and suggest possible requirements. Physiotherapy and Nurses regulations were enacted, and Pharmacy Standards regulations were brought close to completion.

The following were prepared for and subsequently enacted during the 1987 sitting: amendments to the Licensed Nursing Assistants Act and the Community Care Facilities and Nursing Homes Act, a new Medical Act and a new Child Care Facilities Act. Three obsolete statues were repealed: Old Age Assistance, Children's and Dental Students Loan. There was also involvement in the Child Status Act and the Charter of Rights (Consequential Amendments) Act which together caused relatively minor changes to Vital Statistics, Adoption, Hospitals, and Dispensing Opticians acts. Three other bills were developed and introduced, but not enacted: Denturists Act, Registered Social Work Act, and Adult Protection Act.

Apart from preparing legislation, there is always a demand for interpreting it. A sample of question topics...application of fissure sealants by dental hygienists, designation of a psychiatric facility, effect of an inheritance on a manor resident, confidentiality, subsidization for respite care, tendering for pharmaceuticals, profession licensing examinations, W.A. rate ceilings, herbal medicine and inter-provincial transportation of a corpse.

ADMINISTRATIVE ASSISTANCE

Unit staff frequently lend a hand in a variety of quasi-administrative ways. They wrote formal letters and speeches, Executive Council memoranda and press releases. They designed and produced forms and brochures. They critiqued grant requests and compiled the Department's submission of New Initiatives for Government's budget consideration, and coordinated its submission of program outlines to the Mulligan Commission on expenditure review. They helped put on a couple of seminars, and wrote PEI's annual report for the Canada Health Act. They helped one professional association write its bylaws and arranged for the appointments to another professions regulatory board.

DIVISION OF NURSING

Ella B. MacLeod, M.S., Director

Purpose

To serve as the vehicle within the Department for the execution of community services in the detection and prevention of illness or disability; and in the promotion and maintenance of optimum health for Islanders of all ages.

Objectives

To Provide: Health-related services that are equally accessible to all Islanders.

Services that will prevent the outbreak of and consequences of communicable and social diseases.

Services for the early detection and prevention of illness.

Health education programs for the promotion of health and healthy life-styles.

Locations: The Division of Nursing accomplishes its objectives through a decentralized service in Tignish, O'Leary, Summerside, Kensington, Charlottetown with three locations, Montague and Souris.

Programs: Public Health which includes maternal and child health, school and pre-school health, communicable disease control, health supervision and illness prevention.

Health Education

Diabetes Education

Family Life Education

Staff: Consists of a director, 4 public health supervisors, 3 coordinators, 16 full-time and 8 part-time nurses, one nutritionist, 6 full-time and 6 part-time clerical staff.

Public Health Programs

Maternal and Child Health

The **OBJECTIVES** of this program are to promote the health of mothers throughout their pregnancy, foster growth of the infant, and help parents develop skills in parenting. A Parent-Child Committee meets regularly to review the programs and make recommendations for change.

Forty-four series of pre-natal classes were offered in six locations throughout the province to 408 mothers and 361 fathers. In addition, there were 97 sessions to provide 73 pre-natal girls with individual or group counselling by the public health nurse. Nurses made 281 visits to pregnant women in the home offering help and counselling and saw 239 in the health unit.

All mothers were visited in the maternity ward to assess their needs and plan for a follow-up visit at home. There were 1753 post-partum, plus an additional 2226 visits during first year of life,made to the home. There were an additional 1858 telephone responses. Mothers were helped with care, the baby assessed, and plans were made with the mother for attending the Child Health Clinics. Visits included the 119 children born with a congenital anomaly.

The **Provincial Reproductive Care Program** is a joint project of the PEI Medical Society and the Department. High risk and women in their first pregnancy are referred to the public health nurse for assessment and intervention. To assist the nurse in her evaluation and provide for a comprehensive and high quality program, a committee was formed to develop guidelines. This is currently being finalized.

A total of 367 Child Health Clinics were held at 18 locations. Four held weekly and others monthly. Approximately 1895 infants were assessed and/or immunized at the two, four, and six month old clinics; 1699 toddlers were assessed and given M.M.R. at the clinic for those of fifteen months; and a further 2419 children attended clinics at eighteen months or at other ages. This made a total of 9792 scheduled visits and 168 children identified as having a health problem and referred.

At three and one-half years, a comprehensive appraisal, including physical, mental, emotional, social and nutritional status is undertaken. During this period, there were 368 clinics at six locations attended by 1363 children with 252 referrals.

Pre-school entry clinics were organized at six locations. 1777 children were assessed and/or immunized with 205 referred for health problems.

Nurses made 1018 visits to the home and saw 119 pre-school children in the health unit assisting mothers with problems associated with their children.

Communicable Disease Control

Immunization - There were approximately 6773 infants and preschool children, 2744 school children and 315 adults given 16,984 vaccines.

Rubella Control - Approximately 3800 pre-marital and pre-natal women had blood titres to determine immunity to rubella. Eighty-three woman (39 pre-natal and 44 pre-marital) were found to be non-immune and were offered vaccine. Nine Hundred and seventy-eight (978) (approximately 98%) Grade V girls were given rubella vaccine.

Rubella Immunity Survey - Since 1977, the Department's immunization schedule has included M.M.R. vaccine given at fifteen months of age to protect against measles, mumps and german measles (rubella). Rubella boosters or revaccinations have been given to girls in grade V to increase and ensure protection against rubella during their child-bearing years. In March, a survey was undertaken to determine if the level of protection against rubella obtained from the M.M.R. vaccine has remained high enough to provide sufficient protection. The Laboratory Center for Disease Control (L.C.D.C.) in Ottawa assisted in setting up the survey. Four hundred and twenty-one (421) grade IV girls at thirteen schools randomly selected from the five school units were tested. Results are now being analyzed. If children are found to be immune, no vaccination will be required in the future for grade V girls.

Sexually Transmitted Diseases - There were sixty-six (66) cases of gonorrhea (31 M, 35 F) and three (3) positive serology for syphillis.

Salmonella and Other Bowel Infestations - There were seventy-three (73) primary cases and forty (40) positive contacts of Salmonella and other bowel infestations identified and placed under surveillance, and follow-ups made of two hundred and fifteen (215) contacts.

Tuberculosis - There were four (4) positive (2 new and 2 reactivated) cases reported and six (6) inactive.

In total, nurses provided health teaching for 457 persons in the home and 373 persons in the health unit who had or were in contact with a communicable disease.

School and Preschool Health Program

The **OBJECTIVES** of the school program are to provide a knowledge of health, encourage healthy life-style practices and promote early treatment of an illness or disability. The objectives are accomplished by counselling students and acting as a health information resource for teachers. Services include health appraisal, screening for defects and immunization of the child. Noted defects are brought to the attention of parents so they may seek treatment. The nurse offers support and follow-up as needed.

There were sixty-four (64) schools and seventy-six (76) kindergartens and day cares visited on a regular basis. Screening of children for various health problems included the following:

General Health Inspection	**10,462**	
Vision Screening	**4,534**	
Referred	**735**	**(16%)**
Hearing Tested	**2,025**	
Referred	**295**	**(14%)**
Scoliosis Screening	**1,868**	
Referred	**87**	**(4%)**

There were 575 visits to the home for follow-up care and 261 children assessed in the health unit.

Nurses spent 240 hours in health education programs for school students and 30 hours in programs for kindergarten and day cares.

Health Supervision and Illness Prevention

Forty-seven (47) Senior Citizen's Homes were visited on a regular basis with seven organized programs covering foot care, blood pressure check and nutrition counselling and health education.

Nineteen-Hundred and fourteen (1914) adults and seniors were visited in the home and one-hundred and seventy-four (174) seen in the health unit for health supervision of an existing health condition.

Diabetes Education

Established in 1973, the Center operates out of Charlottetown and Summerside, going out to other locations as necessary. The program provides courses designed to help diabetics and their family cope with diabetes, as well as instruct allied health professionals and students. Statistics for this period include:

	Charlottetown	Summerside	Total
Number of Diabetics Who Attended Courses	**189**	**100**	**289**
Number of Family Members, Health Professionals, Students and Others Who Attended Courses	**123**	**78**	**201**
Number of Courses	**26 + 2***	**9 + 1***	**38**
Number of Follow-Up Visits	**1370**	**626**	**1996**
Number of Professional Up-Dating Sessions			**14**

***Outside Courses.**

Family Life Program

In response to PEI's growing public and professional demand for access to meaningful, accurate and up-to-date information in Family Life and Human Sexuality this program continues to be active offering an everbroadening range of services to all Islanders. This year many hours were spent in helping parents and children develop skills to keep children from sexual assult. The **"Feeling Yes, Feeling No"** film was well accepted across the Province.

The Program provides:

- Liaison with various members of the community including professionals, parents, youth and community groups.
- Consultation and/or delivery of presentations geared to specific issues, ages or groups.
- A Teen Health Information Service.
- A Multi-Media Resource Center.

Workshops/Presentations

Professional and Community Groups	**41**
School Groups	**16**
Other Youth Groups	**9**
Adults Attending Programs	**1246**
Children and Youth Attending Programs	**2884**
Media Contacts	**4**
T.H.I.S.	**26**

Health Education

Coordinator Activities

In-Service Workshops for Professional Staff
Planner/Liaison of special projects such as:

- **Television Commercial Spots (Smoking and Hypertension)**
- **Smoking Cessation for Civil Servants**
- **Sexuality Conference**
- **Health Promotion Series for Government Employees**
- **C.P.R. Clinics**
- **Initiation/Implementation of "For the Health of It" newspaper column**
- **Slide Presentation for "Nobody's Perfect" Parenting Project**
- **"Mr. Tater Bug" Health Calendar for Day Cares.**

Public Health Nurses

Public Health Nurses are represented on eighteen (18) voluntary and other agencies, and participate in their various projects. In addition, nurses gave ninety-seven (97) talks to a number of community groups.

COMMUNITY REHABILITATION SERVICES DIVISION

Ian MacLean, Director

The Division continued to be responsible for program planning, development, consultation and coordination of a number of Departmental Services (e.g., services to the disabled, mental retardation services, vocational rehabilitation of disabled persons services, speech therapy services, early childhood development and day care services, nutrition services, and some services to the mentally ill). Also responsible for management of the Audiology Program Day Care Inspections and Licensing Program, Milk Ticket Program, Job Creation Placement Program, Foster Home Program for the post mentally ill, Individual Residential Placement Program, Sherwood Home and Queens County Residential Services; the purchasing of sheltered workshop, residential, transportation and special counselling services from agencies serving persons who are labelled mentally ill, mentally retarded, and/or physically disabled.

MAJOR ACCOMPLISHMENTS

Early Childhhod Development and Day Care Services

Child care continued to be a prominent issue with the Department. The Department co-sponsored "Who's Minding our Children?", a child care conference for Island families.

A revised Child Care Facilities Act was presented in the P.E.I. Legislature. The revised Act gives clearer definitions, provides for a simplified appeal process, outlines functions of the Child Care Facilities Board, and gives the Early Childhood Development Association legal status on the Board.

Government announced that a Direct Funding Program would be introduced, providing grants to all licensed child care facilities, commencing in September, 1987.

A revised Child Care Review Procedure was developed and approved by the Department.

The Department's Annual Early Childhood Series began in September, 1986. The Series held 24 workshops/seminars across the Island, including one conducted entirely in French.

Curriculum Guides were presented to every licensed early childhood center.

Approval was negotiated with Canada Employment Center for a second two-year Early Childhood Extension Course.

A Survey of Training Needs and Preferences for Early Childhood Workers was conducted by the Department in January, 1987.

The Coordinator of Early Childhood Development and Day Care continued to provide consultation to individuals, groups, agencies, and other provincial governments.

Programs have been developed for the computerization of on-going data concerning the child care program; for example, number of centers, types of facilities, licensed capacity, etc.; and on-going training requirements of all early childhood supervisors and staff.

The Child Care Facilities Board issued 111 licenses; one license was revoked.

Nutrition Services

Nutrition services continued to be provided in the five regional offices of the Division of Child and Family Services. High risk pregnant women and infants received priority for service.

A total of seven hundred and fifty (750) new cases were opened during the year (Table 1). This represents a twenty-one percent (21%) increase in cases over the previous year. Reasons for nutrition counselling included pregnancy - 53%, and infant nutrition - 33% (Table 2). Community nutritionists provided a total of 3,348 counselling sessions.

The introduction of the P.E.I. Reproductive Care Program has had an impact on nutrition services. As a result of screening for nutritional risk factors at the physician's office, 220 pregnant women were referred by their physician for nutrition counselling. This represents eleven percent (11%) of all pregnancies in the province and over one-half of all the pregnant women receiving nutrition service. Generally, these referrals are being made earlier in the pregnancy. One day of staff time was transferred from Region 5 to Region 3 to handle the increase in referrals.

Nutrition Services also participated in the development of the Community Nursing Reproductive Care Program.

The milk ticket program for disadvantaged pregnant women and teenagers provided 33,000 litres of milk. This program has been very successful in increasing milk consumption in this population.

Eighty-nine (89) group nutrition education sessions were provided to a total of 1,150 people during the year. Nutrition consultations on a wide range of nutritional concerns were provided to 1,241 individuals (Table 3).

Efforts continued to maintain and increase the rate of breastfeeding in P.E.I. A breastfeeding audiovisual, "Don't Give Up", was produced in cooperation with Kevin Moynihan Productions. The video will be used by public health nurses and nutritionists in P.E.I.

The Nutrition Coordinator co-chaired the Federal-Provincial Subcommittee on Nutrition and participated in the development of national guidelines on prenatal nutrition and nutrition and cardiovascular disease.

TABLE 1 - NUTRITION COUNSELLING

Cases Opened In	1985-85	1985-86	1986-87
Region 1	115	139	160
Region 2	174	163	159
Region 3	217	215	261
Region 4	45	54	105
Region 5	47	48	65
Totals	**598**	**619**	**750**

TABLE 2 - REASONS FOR NUTRITION COUNSELLING

Reason	1984-85		1985-86		1986-87	
	No.	**%**	**No.**	**%**	**No.**	**%**
Pregnancy	292	49%	296	48%	400	53%
Infant Nutrition	197	33%	259	42%	248	33%
Obesity	35	6%	18	3%	30	4%
General Nutrition	10	2%	4	1%	7	1%
Other (Children-in-Care, PKU Therapeutic Diets)	64	10%	42	7%	65	9%
Totals	**598**		**619**		**750**	

TABLE 3 - NUTRITION EDUCATION/CONSULTATION - 1986-87

Region	Number of Nutrition Education Sessions	Number of Persons Attending	Nutrition Consultations
1	9	97	217
2	21	312	155
3	26	244	173
4	5	76	151
5	5	41	135
Regional Total	**66**	**770**	**831**
Central Office	**23**	**380**	**410**
Provincial Total	**89**	**1,150**	**1,241**

Speech-Language Pathology Services

Speech language pathology services continued to be provided in the five regional offices and the Queen Elizabeth Hospital.

The 1986-87 fiscal year was the second year of the program change in which a totally clinic program was established, with the elementary schools visited as the school's caseload and severity dictated. As in the past year, re-allocation of staff occurred to equalize caseloads Island-wide and to provide greater manpower resources to Region 3. Waiting lists for new assessments in Regions 1, 2, 4, and 5 were insignificant during the year. In Region 3, a six to nine month wait continues to exist.

Two one-week speech therapy camps were held during the summer with fifty campers in attendance. Children at camp presented with articulation, language, or fluency difficulties.

Program accomplishments included maintenance of staff development as a high priority, completion of a policy and procedures manual, and purchase of a computer and accompanying software for use with clients in therapy and/or additional practise sessions.

During the year, 406 new assessments were completed with 4,679 therapy sessions held. Consultation by the Speech-Language Pathologists to school personnel, preschool teachers, public health nurses, physicians, and parents, has greatly expanded.

During the year, the program Coordinator continued to provide services to elementary schools in Region 3. In addition, in-service training/workshops were presented to public health nurses, School of Nursing, and the PEI Association for Community Living.

Audiology Services

Audiology services were provided to Island residents from the central testing facility at the Queen Elizabeth Hospital and the four regional clinic sites in Alberton, Summerside, Montague, and Souris.

Major program accomplishments for the year include: expanded diagnostic assessments through use of the Brainstem Evoked Response Unit (BSER), establishment of a sedation protocol for the BSER Unit for infants and "difficult to test" children, use of a cancellation list to schedule clients in openings where clients have cancelled, and attendance by the Audiologist at a weeklong workshop on use of the BSER Unit.

During the year, 175 clinic days were recorded; 449 new clients were assessed, with 1,023 patient visits reported.

Mental Retardation/Mental Illness Services

A provincial workshop for staff and board members of vocational agencies on the future of Island workshop programs was held.

Project P.R.O.V.E., a pilot project to develop and field-test alternative non-sheltered vocational training and placement models for mentally retarded adults went into operation.

The Family Support Program has been expanded to include families with severely handicapped children. This Program is to assist these families to meet the costs over and above those of maintaining a "normal" child.

The Mental Retardation Worker policy/procedures have been rewritten to better reflect the desired direction of services/supports.

A resource library was developed at Q.C.R.S./Sherwood Home for the use of staff and the public. A boardroom was built in the basement of this facility.

Queens County Residential Services opened a new group home on Upper Prince Street. This organization also assumed responsibility for a group home in Fortune. Two residents of the Fortune home were placed in the community.

The Community Training Program at Q.C.R.S. expanded to serve sixteen people. Staff moved out of basement apartments in St. Peters Road and Inkerman Blvd. group homes and residents moved in.

The Admissions/Discharge policies were revised for Q.C.R.S.

Once again, residents of Sherwood Home enjoyed many extra activities. The first annual family picnic was held, a cottage was rented and used by six residents, a meet-the-teacher afternoon was held, a Christmas party was organized for family and friends of residents, a tree decorating party was held, staff and residents participated in the Charlottetown Winter Carnival by entering the snow sculpture contest, access was obtained to the pool at the Queen Elizabeth Hospital, and a winter barbecue was held for residents and family.

Three residents of Sherwood Home were discharged to the community during the year.

A policy and procedures manual was started for West Prince Residential Services. This organization was operating a three bed group home and supporting nine community placements during the year.

Montague and Souris group home associations expressed an interest in developing individual residential placements.

Job Creation and Placement Program

Three hundred and sixty-three job ready social assistance recipients were placed in employment. Of these placements 70% were with non-profit organizations while 30% were with various levels of government.

The Special Employment Project (S.E.P.) was initiated as a Demonstration Project under the J.C.P. umbrella. It represents an attempt to place in employment persons with more severe disabilities. Because the target group for this project are disabled, several J.C.P. policies were waived to enhance the probability of successful placements. Disabled clients placed under S.E.P. can be placed in private sector placements, can be placed for up to fifty weeks, and can be placed in part-time positions. Seven persons participated in this project to date.

Physical Disability Services

Efforts continued in fiscal year 1986/87 to upgrade and promote this program. Vocational Rehabilitation of Disabled Persons staff training continued on a regular basis with a view to increasing the expertise of those responsible for delivering this important service to disabled persons. In the past year, over thirty clients received training under the program. Efforts continue to link this program more closely with Job Creation and Special Employment placements to provide a continuum of services with the goal of increasing the number of disabled persons in employment.

CHILD AND FAMILY SERVICES DIVISION

Steve McQuaid, Director

The Division of Child and Family Services is responsible for the delivery of a broad range of services to individuals and families in need. The services are delivered on a decentralized basis through regional offices located in the five regional service centers across the province.

The services delivered through the Child and Family Services Division are directed toward:

1. alleviating acute conditions of individual or family need;

2. providing supports to families where there is need;

3. protecting the rights and well-being of children where the family's efforts have not been effective, as well as protecting disabled adults, and the socially disadvantaged, who are unable to act effectively in their own interest;

4. providing vital life support services and assistance to dependent persons who generally do not have the skills and resources to function independently.

The range of services include the following:

1. Child Welfare Services
   - (a) Protection Services
   - (b) Adoption Services
   - (c) Substitute Care Placements - including relative placements, foster care, special foster care, group home, special residential treatment
   - (d) Services to single and unmarried parents
   - (e) Family Supports Services to families who have children with special needs (mentally retarded children and children who are in need of child care services)
2. Teaching Homemaker Services
3. Nutrition Services
4. Speech Therapy and Hearing Services
5. Daycare Service Subsidy
6. Welfare Assistance
7. Retardation Services
8. Rehabilitation Services
9. General Counselling

The legislation which provides authority for the delivery of the above-noted services includes:

1. Adoption Act
2. Child Care Facilities Act
3. Children's Act
4. Family and Child Services Act
5. Divorce Act
6. Family Court Act
7. Rehabilitation of Disabled Persons Act
8. Welfare Assistance Act

PROGRAMS

Welfare Assistance Program

The Welfare Assistance Program remained relatively stable from an overall service demand perspective; but some trends with regard to the nature of the demand were evident.

- increase in number of young persons (18-30) applying for assistance; many with underdeveloped work skills and work history;
- increase of young persons (16-19) applying because of family breakdown;
- increase in number of applicants who previously owned a business, and who are in crisis - going bankrupt;
- increase in number of applicants with income (wages) who are eligible for supplementation.

Statistically, the actual service demand for 86-87 is as follows:

	1985/86	1986/87	% Increase
Average Monthly Caseload	4,246	4,351	2.5
Average Monthly Cost Per Case	417	435	4.3
Total Actual Yearly Expenditure	21,655,000	23,188,600	7.1

Children's Services

In 1986, the Division of Child and Family Services conducted an internal review of issues/trends that appear to be impacting on the needs of children and families, and the Division's capacity to effectively respond to these needs. A report was tabled with Divisional and senior management; some of its observations include the following;

- the family structure is in transition; from a model where roles were quite clearly defined, to one where roles are more diffused;

- the composition of the family is changing; there are more single parent family situations; separation will disrupt one family composition, and when two divorced parents remarry, two families must make adjustments;

- issues such as internal family violence, child sexual abuse, alcohol/drug problems, and unemployment are high stress experiences, and the presence of any one of these factors can threaten the family stability unless support is available;

- the emerging dynamics impacting on the family dictate that family members (especially the parents) must have a higher level of awareness and skill to sustain itself.

The report concludes that families generally will need services and supports designed to:

- develop the communication and problem solving skills that will help to sustain/stabilize the unit;

- enhance the awareness re the impact of the changing structures;

- develop substitute networks and support systems, particularly for acute times of stress or crisis;

- provide alternatives to parents so as to minimize the risk of abuse or neglect of the child.

In addition to the above findings, the report also highlighted the fact that there is a growing population of children, both at the younger and adolescent age, who are at high risk. These children are very often the victims of some of the disruptive/destructive influences on the parents/family itself.

Statistically, there were 314 children cared for by the Division of Child Welfare in FY 86/87, compared to 394 in FY 85/86. Of this number, 96 were admitted to care and subsequently discharged from care during the fiscal year.

There were 218 children in the care of the Director of Child Welfare as of March 31, 1987, compared to 238 in the previous year:

Apprehended	29
Temporary Ward	17
Permanent Ward	96
Voluntary Care Agreement	44
Ward of Another Province	4
Adoption Placement	25
Follow up to CC	3

1. Adoptions - The Provincial Registry recorded a total of 74 adoptions finalized during the year compared to 83 in the previous year. Of these, 16 were wards of the Director of Child Welfare; 12 were wards of private agencies and 46 were private adoptions. Of the 46 private adoptions, 15 were children born outside the Province and 12 adoptions were finalized in other jurisdictions.

2. Foster Care - During the year there were 117 approved foster homes; 14 special foster care resources providing 12 emergency foster placements, 25 spaces for children with special needs and three spaces for young mothers and their babies; and five group homes for the care of adolescents (total bed capacity 30).

Divisional field staff have continued to deliver services to the public in the following program areas: speech therapy, community nutrition, day care subsidy, physical rehabilitation, job creation, and mental retardation services. The extent of program activity and the significant events and issues are summarized by the respective program coordinators within the section of this Annual Report for the Division of Community Rehabilitation.

SERVICE BREAKDOWN BY REGIONAL OFFICE

For March 31, 1986 and March 31, 1987

Service	O'LEARY		SUMMERSIDE		CHARLOTTETOWN		MONTAGUE		SOURIS		CENTRAL OFFICE		PROVINCE *	
	MAR/86	MAR/87	MAR/86	MAR/87	MAR/86	MAR/87	MAR/86	MAR/87	MAR/86	MAR/87	MAR/86	MAR/87	MAR/86	MAR/87
Financial Assistance	454	425	661	742	2,583	2,692	434	434	278	256	-	-	4,397	4,538
Rehabilitation	16	15	9	10	19	31	5	5	2	4	-	-	51	65
Visiting Homemakers	16	1	25	18	60	44	79	-	1	-	-	-	180	63
Homehelpers	14	15	23	18	12	29	17	20	17	12	-	-	82	94
Day Care	43	61	50	74	147	194	54	58	22	17	1	-	313	403
Nutrition	52	71	75	67	88	120	41	51	27	49	2	3	281	358
Speech Therapy	104	105	169	167	326	348	66	71	45	51	2	2	711	744
Counselling	50	44	38	38	161	123	41	36	14	11	-	-	303	250
Intake Review	-	7	-	-	1	2	34	3	5	-	-	-	40	12
Protection	39	34	44	64	141	158	26	20	6	6			258	281
Children-in-Care	24	22	36	38	119	101	38	32	6	8	16	21	239	218
Adoptive Parents	15	6	20	14	43	17	14	15	6	7	57	57	150	109
Foster Parents	19	13	23	29	49	41	15	16	8	9			114	108
Case Alert											120	58	120	58
Private Adoption		1	4	2	6	4	1	-	-	-	2	2	13	9
TOTAL SERVICES	846	820	1,177	1,281	3,759	3,904	865	761	437	430	200	143	7,253	7,310
TOTAL CASES	684	669	963	1,044	3,182	3,297	717	612	366	344	191	136	6,103	6,102

* The Provincial Totals may not add horizontally because services/cases transferring between regions are counted in both locations.

DIVISION OF AGING AND EXTENDED CARE

Gordon R. MacKay, Director

Maplewood Manor

The changing needs of the elderly in West Prince were addressed during the 1986-87 fiscal year by developing a plan to convert eight (8) light care beds to heavy nursing care. This plan will result in a ratio of thirty-four (34) heavy care beds to sixteen (16) light care nursing care beds at Maplewood Manor.

One of the Manor beds has been designated a respite care bed and this bed was used nine (9) times throughout the year by people who required short-term stay only.

In 1986 a children's day care center was established at Maplewood Manor and an intergenerational program was established between the children and the residents.

Summerset Manor

Summerset Manor initiated a Family Advisory council known as the H.O.M.E. Group (Helping Out Manor Elderly). This is an organized auxiliary forum for the resident's family members. This family council meets once monthly and is an autonomous body that functions in relationship with Summerset Manor staff much like the Home and School model.

Summerset Manor continues to offer rehabilitative and therapeutic services to some elderly citizens in the community through the Chapman Center. This program strives to meet the identified needs of thirty (30) current participants.

Staff at Summerset Manor have spent a great deal of time in assessing and planning for the future direction of nursing services at the Manor.

Summerset Manor has been involved with the Summerside Adult Development Center, an association providing service to mentally handicapped adults. The Adult Development Center has designated to Summerset Manor six (6) of their trainees and four (4) of their training officers to work at low skill jobs in cooperation with the staff at Summerset Manor. The trainees have been working since January, 1987 in the laundry and housekeeping departments.

Wedgewood Manor

The Manor initiated the Quality Assurance Council to improve the utilization of services and to provide for a high standard of care to the residents. Together with the other two (2) Manors in Prince County, a broad based bulk purchasing of major commodity items was implemented.

The Nursing Department has developed a skin care auditing program and a preventive foot care program utilizing Manor staff. In addition, an infection control program was implemented and this program receives assistance from the Infection Control Officer at Prince County Hospital.

The Nursing Department developed a new initiative involving remotivation for residents with difficulty in recall. The Manor has a designated safety unit for confused and wandering residents and the safety unit target group is the prime benefactor of the Remotivation Therapy Program.

In 1986-87 the Manor was designated for the on-site training portion of the Resident Care Worker Program at Holland College and eleven students spent seven weeks at the Manor learning the practical application of their training.

A Meals on Wheels Program has been established at Wedgewood Manor and has increased from an average of twelve meals a day to twenty meals per day as of April, 1987. An initiative was discussed with Summerset Manor to plan a co-operative in-service training program for staff.

Beach Grove Home

The year 1986 will be remembered in the history of Beach Grove Home as the year of the massive move into a beautiful new facility constructed adjacent to the old Beach Grove Home. On September 4, 1986, all the residents adjusted to the new home with relative ease. The adjustment for staff, however, was somewhat more difficult as it was necessary to meet the requirements of a new facility which challenged every system that had been in place for over forty years in the old home. It is a credit to the Department Managers and their staff that they were able to meet the enormous demands that the change placed upon them.

Residents' families and visitors continue to be surprised and pleased over the number and variety of activities that are provided by Activity Personnel at Beach Grove Home. A highlight of the Activity Department was the employment of two summers students to conduct a resident fresh air project. A general thrust of the Activities Department has been in the direction of the involvement of the community in the life of Beach Grove and the development of a core group of volunteers, to add stimulation and interest in the life of the residents.

The new dining room has had a very positive influence on the morale of residents with many of them demonstrating improved appetites. Since many of them walk or push their wheel chairs to the dining room three times daily, a side benefit of improved fitness has been observed as well as increased sociability among the residents.

The move from an essentially two-part nursing unit to a three unit facility, as well as a move towards an anticipated heavier level of nursing care, resulted in the necessity of a major reorganization of the nursing department. In order to

provide cohesive work units and maintain a continuity of care, as well as the delivery of more skilled care required by the heavier level of nursing, the reorganization involved the hiring of a nursing unit director for each unit, and through attrition, a reduction in the number of resident care workers and an increase in the number of positions allocated to licensed nursing assistants. The new facility has an additional seven beds totalling 132 as opposed to 125.

Introduced into the Nursing Services, following the move, was the implementation of the Unit Dosage System for preparing medications. This system is now operating smoothly and has resulted in a much more organized and safer system of drug control.

The Nursing Department worked closely with a student to develop and conduct a research project analysing the effects upon the residents of the move from the old Beach Grove to the new. The results, contrary to the findings of similar research, were most positive and demonstrated the work done by staff to prepare residents for the move was most effective.

Prince Edward Home

The year was given to effort directed at making the Home a more pleasant place to work for the employees, with the intent of making it a more pleasant and constructive environment for the residents to live.

During the year staff from three departments attended workshops and seminars designed to teach them new skills and knowledge in their particular area of expertise. The results of these efforts, a more knowledgeable staff and a more enlightened supervisory team, contributed to a higher standard of care for the residents of the Home. Preparation for the Accreditation Survey which will be conducted in the Summer of '87 commenced.

The Meals on Wheels program had a very successful year. An average of thirty meals per day were prepared and delivered by a volunteer group to seniors in the community.

The Brecken House day care program enjoyed a constructive year. There was a 15% increase in active client participation along with a steady increase in referrals from various sources in the community.

Riverview Manor

Riverview Manor, like all other nursing homes and manors, is under increasing pressure to provide for heavier levels of nursing care within the Manor. The designation of beds within the Manor continues to be twenty-six nursing beds and twenty-four personal and supervisory care beds. A plan has been developed whereby the ratio of the beds designated for nursing care and personal supervisory nursing care will be revised in order to accommodate more nursing care residents.

This is possible because of the increasing number of licensed nursing care facilities in the Montague Region. It is interesting to note that the average age of the residents at Riverview Manor is now over ninety-one which is an increase from eighty-two in the past ten years. An older population not only reflects on the nursing department but on other departments as well. For example, the Activity Department has to provide more one to one programming to compensate for less active people.

Colville Manor

Colville Manor, like Maplewood Manor is on an equipment replacement program and a general upgrading program of the Manor facilities. Two major equipment items were purchased and we will continue with our replacement program in the next fiscal year.

I am pleased to report that Colville Manor took advantage of the C.E.I.C. Summer Employment Experience Development Program and employed two summer students in the activity program. This program was selected as an exemplary success and was documented in a national report for the Federal Minister.

The highlight of the year was the achievement of a renewal three year accreditation award by the Canadian Hospital Association.

Dr. Eric Found Health Center

The Eric Found Health Center is a special sixty-three bed unit designated for patients of any age requiring continuous medical and nursing care at a level slightly lower than at the acute care hospital. During the past year the palliative care unit has been fully established as an eight bed unit and continues to be fully utilized with admissions from the Queen Elizabeth Hospital. In October, the Center began to admit patients to the proposed fifteen bed convalescent care unit and at year end seven of the fifteen proposed beds had been established.

During the year, the Center was surveyed by the Canadian Council on Hospital Accreditation and was again awarded accreditation status for a period of two years. The survey found the Center to be above average in all areas of direct patient care. This was the twenty-fifth year this award has been granted to this Center.

A study of the Dietary Department was carried out by the Dietetic Consultant. This study recommended several changes in the staffing pattern, establishment of a cafeteria style service, changes in the food delivery system and the reduction of the full time staff complement. These changes are now being implemented and when completed should provide funds to procure additional professional staff within the facility.

Total patients under care during the year was 115. There were 24 admissions to the palliative care, 14 admissions to convalescent care and 14 admissions to chronic care. I am pleased to report that there were 3 discharges from the palliative care unit, 11 discharges from the convalescent care and 16 discharges from chronic care.

Hillsborough Hospital and Special Care Center

Of special interest at Hillsborough Hospital and Special Care Center is the Adolescent Unit. In this Unit the nurses provide supplemental groups aimed at meeting the special needs of the adolescent. Groups include communication, creativity, relaxation, religion and arts and crafts. There are also groups which address the issues of sexuality, alcohol, drugs and the law. The adolescents have the opportunity to meet weekly to express their opinions and concerns. The parent's group has proved to be very beneficial and continues every second Monday evening. This group allows the parents of the adolescents to discuss their problems and explore alternatives in dealing with them. Day services and week-end services were made available to adolescents who had already been in the program. These services are used as a part of follow-up treatment.

A major in-service education program to train resident care workers was initiated during the year. Ten nursing attendants who had no previous acceptable training to qualify them for probationary positions were trained in this program in order to qualify them for appointments. This program was coordinated through Holland College with the College providing the learning resources and some instruction and the Hospital providing a full time instructor.

With direct admissions, transfers from Unit 9 and transfers with Hillsborough Hospital, the pre-discharge unit provided service to forty-four persons during the year. Discharges to the community, foster home placements and internal transfers enabled this level of activity. The progressive care unit has undertaken a review of its philosophy and objectives. As a result, the focus of this program has been re-arranged to deal with the educatable mentally retarded or brain damaged patients within the Hospital.

The team approach to assessment of individual clients needs has contributed to more comprehensive case planning and significant success in rehabilitation in the pre-discharge unit.

In the occupational therapy program, expansion of the adaptive functioning index occurred. This assessment tool usually used by therapists for a few selective patients, is now in general use by the staff for all patients after three weeks attendance in the various work programs. This assessment used a four page check list of work related behaviors and skills and produces a numerical total which can be used to calculate each patient's pay level. It also identifies problem areas and can thus pinpoint a target behavior on which the patient and staff can work.

It should be noted that Hillsborough Hospital and Special Care Center continues to operate at over capacity, partially because of the lack of alternate accommodation and partially because of the adaptability of staff as admissions are not restricted.

Community Care Facilities

I would bring your attention to a separate Annual Report as prepared by the Community Care Facilities Board.

Central Office

The Central Staff consisting of an Occupational Therapy Consultant, Dietetic Consultant, Nurse Consultant, Program Manager of Community Care Facilities and Placement Officers continue to provide consultation and support to all facilities operated by the Division of Aging and Extended Care. The Placement Officers are experiencing significant pressure in attempting to assess all new applicants and to assist families in finding appropriate support or accommodations for their elderly member. All new applicants are assessed in terms of their care requirements and are placed on a priority or a secondary list.

MANAGEMENT SERVICES DIVISION

Rick Callaghan, *Director*

The Division of Management Services is a support Division -- it provides support to all other divisions in the Department in the areas of personnel, finance, administration, audits, word processing and management information systems.

Personnel - This Unit was involved in all personnel matters in the Department such as coordination of staffing, classification reviews, collective bargaining, staff development and training, liaison with the Civil Service Commission, Treasury Board, and Executive Council.

Management Information System - The Emergency Prescription Drug Card system for Welfare Assistance clients and Children-in-Care was transferred from the developmental stage to operations in Computer Services but MIS staff continued to monitor the system very closely to document the remaining problems.

The new Welfare Dental Policy, along with its new forms and procedures was put into effect in July 1986.

The MIS Coordinator participated in the temporary assignment program and was placed with Computer Services Division to complete the programming and statistical reports for six surveys for the Department of Tourism and Parks.

Statements were mailed, for the first time, to all clients who had to report income received from Welfare Assistance to claim the sales tax credit on their 1986 Income Tax returns. P.E.I. was the only province in Canada which was able to provide this information to all their clients in this manner.

Audit Section - The primary role of this Section continues to be the comprehensive auditing of financial assistance case management practices with the aim of providing feedback on program administration to senior departmental management. A secondary function of auditing selected program aspects for the Director of Community Rehabilitation Services and of providing an administrative perspective in his program development began during the period.

Canada Assistance Plan - The CAP Coordinating Committee held several meetings throughout the year. The purpose of this Committee is to coordinate all activities relating to CAP. On October 29 and 30, two representatives of the CAP Directorate in Ottawa conducted a training and information session for Departmental staff. This two-day session was held in Charlottetown and was attended by approximately forty staff from all Divisions concerned with CAP. An overview of CAP and VRDP was presented, focusing on the legislation, the beneficiaries and the cost sharing eligibility criteria. An opportunity was given for staff to have informal

discussions about CAP Program issues. Final Settlement Meetings for CAP 1977/78 to 1982/83 and VRDP 1984/85 were held in March of this year. In attendance were Health and Welfare Canada and Audit Service Bureau officials as well as members of our CAP Coordinating Committee and other concerned government personnel.

Health Manpower Planning - The Director represented the Province at the Federal/ Provincial Advisory Committee on Health Manpower meetings in June in Quebec City, and in November in Ottawa. Many health issues were discussed including physician, rehabilitation, nursing, pharmacist and dentist manpower. The Director also attended three meetings of the MPHEC Advisory Committee on Health Sciences Education which dealt with health/human resources issues in a Maritime Provinces context.

DIVISION OF VITAL STATISTICS

Gloria Melanson, Director

Purpose

The primary function of the Division of Vital Statistics is to provide a central office for the registration of births, deaths, marriages, adoptions, divorces, stillbirths and changes of name. The Division also provides regular statistical analyses on this data as well as ad hoc reporting as required.

The collection of registrations is decentralized to nineteen main population centres. Deputy district registrars forward registrations to the Director of Vital Statistics for permanent filing.

The Division is also responsible for collecting the occurrences of various communicable diseases from Island Physicians and forwarding the totals to the Chief Health Officer. these statistics are used in epidemiological studies.

A detailed report of various vital statistics entitled "P.E.I. Department of Health and Social Services' Vital Statistics Annual Report" is printed under separate cover.

Registrations, Certificates and Other Documents Processed by the Division of Vital Statistics

(These figures are based on the calendar year)

	1985	1986
Registrations accepted under the Vital Statistics Act:		
Birth registrations	1,984	1,899
Marriage registrations	956	970
Death registrations	1,084	1,083
Stillbirth registrations	19	9
Adoption orders	74	91
Divorce decrees	214	207
Delayed registrations	60	55
Total registrations accepted	4,391	
Legitimations of birth	79	94
Corrections/Amendments made	380	397
Changes of name recorded under Change of Name Act	72	66
Certificates issued under the vital Statistics Act:		
Birth (short form or wallet size)	5,367	5,205
Birth (long form)	308	267
Marriage	490	527
Death	547	515
Total Certificates	6,722	6,514
Marriage Licenses issued under the Marriage Act	958	970

VITAL STATISTICS

PRINCE EDWARD ISLAND 1981-1985

	1981	1982	1983	1984	1985
Population ('000's)	122.5	122.8	124.0	125.7	127.3
Live births by residence*	1,897	1,924	1,907	1,954	2,008
Rate per 1000 population	15.5	15.7	15.4	15.5	15.8
Live births by occurrence	1,868	1,917	1,883	1,940	1,984
Rate per 1000 population	15.2	15.5	15.2	15.4	15.6
Deaths by residence	992	980	1,050	1,109	1,110
Rate per 1000 population	8.1	8.0	8.5	8.8	8.7
Deaths by occurrence	972	947	1,016	1,077	1,084
Rate per 1000 population	7.1	7.7	8.2	8.6	8.5
Natural population increase	905	944	857	845	898
Rate per 1000 population	7.4	7.7	6.9	6.7	7.1
Stillbirths:					
20 to 27 weeks gestation	5	2	6	1	4
Rate per 1000 live births	2.5	1.1	2.7	.5	2.0
28+ weeks gestation	9	13	18	10	15
Rate per 1000 live births	4.1	6.9	9.6	5.2	7.6
Maternal deaths	0	0	0	0	0
Rate per 100 live births	-	-	-	-	-
Marriages	849	855	938	1,057	956
Rate per 1000 population	6.9	7.0	7.6	8.4	7.5
Divorces	182	206	216	196	214
Rate per 1000,000 population	148.6	167.8	174.2	155.9	168.1

* "By Residence" means the death or birth of P.E.I. resident which occurred either on P.E.I. or elsewhere.

DIVISION OF HOME CARE AND SUPPORT

Verna Bruce, Director

This past year represented the first full year of operation for Home Care and Support as a coordinated and multi-disciplinary program designed to help Islanders remain in their own homes.

Demands on the Home Care Nursing service increased dramatically in two regions, as a result of increased referrals from physicians and a greater awareness of the range of care and treatments available from the Home Care and Support Nurses. Guidelines were developed to assist in determining appropriate cases for Home Care Nursing and to attempt to ensure consistency in service delivery among the various regions. The number of clients requiring daily care increased, and in several of the most intensive cases, multiple daily nursing visits enabled people to stay out of hospital for extended periods of time.

The Visiting Homemaker program experienced both increased and changing demands. There was a general decline in the number of families with small children on the caseload, and an increase in the numbers of clients who required assistance with personal care either as a result of medical or post surgical conditions. Staff have identified an increase in the number of people who will require the service on a long-term basis, perhaps for years, with the result that caseload turnover rates are expected to decline. By September, comprehensive guidelines were developed to provide direction in terms of specific tasks which the Visiting Homemakers could perform for clients. This caused a few problems initially, as Visiting Homemakers could no longer bake sweets and time spent transporting clients was minimized. However, these services were generally picked up, and more appropriately provided, by the community.

In the Charlottetown Region, some Visiting Homemakers work varied hours in order to provide the service on evenings and weekends. This extended coverage is available to clients who require personal care services, in order to be able to remain at home. Similar service can be available in other regions of the Province on an "as required" basis in high priority cases.

Community Support Workers carried varied caseloads and saw many of their community development activities culminate in the establishment of community services. Some of the resulting services included: Meals-on-Wheels programs, a Friendship-in-Action group to take seniors shopping, a Health Club to provide information to Seniors on a variety of topics, Allied Youth Christmas projects, various transportation services, Right-to-Life Volunteers, and many individual volunteers who met the special needs of various clients. Staff worked closely with all of the Hospice groups and with the Red Cross Community Response Programs in Souris, Tignish, and Rustico-Hunter River areas. A "Resource Manual of Services for Seniors on P.E.I." was produced by a summer student and distributed Province-wide.

Community Support Workers were increasingly being used as "brokers" by clients who want to hire privately to meet their needs for personal care or household assistance. Newspaper advertisements were used to create lists of potential employees. Policies were developed to govern the role of Divisional staff in these arrangements and to ensure that clients are aware that they are totally responsible, as the employer, for all aspects of these private services.

The Community Occupational Therapists joined the regional offices in December, with the transfer of this program from the hospitals to Home Care and Support. More time became available to clients in the regions outside Charlottetown, and by year end, referrals had increased from Home Care Nurses, Visiting Homemakers, and Community Support Workers as well as from other agencies.

One major development in service delivery was the identification of several cases of neglect/abuse of clients who were physically and/or mentally frail. Staff worked closely with the Department of Justice, R.C.M.P., medical physicians and hospital staff on these cases. A Social Worker was retained to develop draft Abuse Protocols for the staff to use in such situations.

Difficulty in recruiting both trained Visiting Homemakers to do relief work and trained support workers to provide care in private employment resulted in proposals being made to Canada Employment and Immigration Center to fund a training course for family and in-home support workers. The proposal was accepted, and considerable work was done on developing an outline of the course and skills to be taught.

Finally, this year saw the conclusion of the federally funded "Educational Programs on Aging" project. This initiative produced many valuable resources which were well used throughout the year.

Purpose

The purpose of Home Care and Support is to ensure that certain health, social and community support services are made available to individuals and their families. The services may help people to remain in their own homes or to return to their homes if they have been receiving care in a hospital or other setting.

The services of Home Care and Support are intended to help people help themselves. They are not a replacement of what the family or community normally does for itself. They are intended to help in a crisis, to relieve family caregivers, or to offer additional support.

Objectives

(1) To coordinate and provide services and support to assist persons in meeting their health and social needs in their homes when this is the most appropriate place for care.

(2) To ensure the development of services which can provide an alternative to unnecessary, premature or prolonged placement of persons in institutional care.

(3) To relieve excess strain on family members or other persons providing care and in so doing, prevent the breakdown of a desirable living arrangement.

(4) To involve community organizations and volunteers in the provision of specific home support services.

(5) To provide educational programs for the general public on the needs of clients and the services available.

Services

Home Care and Support operates, purchases, or supports the development of a range of services to be provided to persons in their own homes and communities. The services can be categorized into five major types:

(1) Home Nursing Care - Home Care Nurses provide basic nursing care at home on a visiting basis and as prescribed by a physician. The kinds of care include injections, dressing changes, ostomy care, foot care, catheter insertions and care, blood pressure monitoring, assessments, health supervision and health education. Intravenous therapy, specialized respite and palliative care are now aspects of the service as well.

Nurses from the Division visit the seven hospitals on a regular basis to identify and plan for patients who may require Home Care Nursing upon discharge.

(2) Visiting Homemakers - The Visiting Homemakers provide services for those who cannot perform basic activities themselves. The types of services can be categorized as personal care (involving a widè range of activities), tidying and cleaning, laundry and mending, meal preparation, accompaniment, and supervision.

Referrals for the Visiting Homemaker service may come from any source. An assessment is done to determine the amount of service required and a means test is used to determine the rate a client must pay, according to a sliding fee scale.

The Visiting Homemaker program is in great demand, and has the highest volume of new referrals each month.

(3) Community Support Services - Each region has a Community Support Worker who assesses the needs of clients in the community and assists them in accessing and setting up service and supports which will enable them to

remain in the community as long as possible. The worker will continue as necessary to monitor the progress and maintain follow-up of individuals and will ensure that arrangements meet changing needs.

Where required resources are not available or sufficient, the Community Support Worker will work with community agencies, private sources, and government personnel to establish and develop programs and services to meet those identified needs. Examples of the types of community services include chores and handyman services, daily telephone contact, day programs, family relief, friendly visiting, home deliveries, in-home help, meals on wheels, living accommodations and transportation.

The Community Support Worker also has a major role in creating opportunities to inform and educate the public on subjects relating to services, needs, and the philosophy of service delivery.

(4) Occupational Therapy - Occupational Therapists provide a wide variety of services to clients in a community setting. The Occupational Therapists use activity to meet the clients' goals in selfcare, productivity, and leisure. After an assessment, treatments may be related to splinting, assistive devices, special equipment, architectural adaptations, disabled homemaker functions, arthritis education, hand function, selfcare and activities of daily living.

(5) Physiotherapy - This service is purchased from the hospitals when it is needed by clients in a community setting. When used as part of the Home Care and Support program, the physiotherapy usually involves an initial visit to teach techniques to the client, family or caregiver, and a follow-up visit to monitor progress.

The services of Home Care and Support are provided through five regional offices.

Educational Programs on Aging

The Home Care and Support Division managed the final stages of the Educational Programs on Aging Project, a two and one-half year undertaking which concluded in July 1986.

The specific purpose of the Project was to provide educational opportunities which would increase knowledge, heighten awareness, and encourage the development of positive attitudes about the aging process, elderly people, and self awareness as aging individuals. The overall goal was to facilitate the development of community based services for the elderly which would enable them to live active and satisfying lives in the community as long as possible. The project had two components:

Intergenerational Programs - Intergenerational programs were developed to bring young and old people together in Island schools and other community settings. Activities and projects focused on the skills and experience that seniors can share with children and young people and on projects of mutual interest which encouraged the establishment of close relationships.

Training for Service Providers - Training opportunities for community service providers were developed to support their efforts to serve the elderly living in the community - i.e. physicians, therapists, nurses, volunteers, dentists, pharmacists, caregivers, etc. A variety of topics in the areas of gerontology, geriatrics, service delivery models, philosophy of care, and aging awareness were addressed through workshops, printed material, and audio-visual presentations.

Over 175 events (e.g. workshops, awareness days, cable T.V. series) were planned, implemented and evaluated. Forty programs (e.g. Library Outreach, One-on-One Program at Prince Street School) were set up and maintained by school and community organizations. Approximately 10,000 Islanders participated including 2,500 seniors; 3,500 children; 100 caregivers and volunteers; 750 social, medical, and health service providers; and 900 school personnel. About 700 people acted as resource people in leadership, instructional, and facilitating capacities--about 250 of whom were seniors, youth, volunteers, and caregivers. Community organizations collaborated on all efforts and provided resources and expertise to ensure success.

Statistics

The computerized information system became operational on July 1, 1986. While the data for the first months may not be totally accurate, it nevertheless provides a general overview. Note: many clients receive more that one service, so "serviceload" statistics are higher than "Client caseload" statistics.

1. Provincial Serviceload - July 1986-March 1987

Service	Cases as of June 30,1986	# New Cases added after July 1	Total Caseload for 9 months	# Cases terminated after July 1
Home Care Nursing	277	550	827	342
Visiting Homemaker	415	379	794	318
Community Support Worker	183	214	397	165
Occupational Therapy	193	132	325	77
	(as of Dec.1)	(4 months)	(4 months)	(4 months)
Physiotherapy	4	4	8	2

2. Regional Serviceload on March 31, 1987

	West Prince	S'Side	Ch'Town	Montague	Souris
Home Care Nursing	69	85	127	49	37
Visiting Homemaker	83	184	162	42	41
Community Support Worker	7	45	34	23	81
Occupational Therapy	58	70	49	56	31
Physiotherapy	0	3	3	1	0

3. Client Caseload Data on March 31, 1987

Age	0-17	18-44	45-59	60-74	75-89	90+	Unknown
	71	77	70	285	504	115	42

Sex	Male	Female
	425	739

4. Services as of March 31, 1987

	Reg 1	Reg 2	Reg 3	Reg 4	Reg 5	Total
Nursing Services	103	120	210	73	69	575
Visiting H'maker Services	139	405	338	145	95	1122
Community Support Worker Services	15	74	13	17	78	197

EMERGENCY WELFARE SERVICES

Carl Cooper, Director

The objective is the organization of such services as will meet the essential survival needs of people following a disaster and to provide temporary rehabilitation assistance until regular pre-disaster welfare services resume operation or until other plans and programs come into operation. In addition, we are responsible for emergency services to holiday visitors from mid June to Labour Day weekend.

Fortunately, the Province was free of any major form of emergency during the past year.

The Provincial Emergency Welfare Services has worked closely with the Director of Emergency Measures Organization on several disaster simulations which were held in various parts of the Province.

During the period 01 April 86 to 31 March 87 ten employees of the Department attended the emergency training courses at the federal Study Center at Arnprior, Ontario.

The Department is working with The Canadian Red Cross to assume all the "Registration and Inquiry" functions of the Emergency Measures Organization within the Province.

WELFARE ASSISTANCE APPEALS BOARD

George Cheverie, Chairman

During the period 01 April 1986 to 31 March 1987, the Board conducted twenty sittings, in which twenty-one appeals were received, a decrease of nine from the previous twelve month period. Of these twenty-one appeals nine were allowed and twelve were dismissed. The ratio of appeals allowed to appeals dismissed increased slightly.

The distribution of appeals originating in the five regions is more than in recent years. The following table shows a breakdown of the number of appeals over the last five years.

	82-83	83-84	84-85	85-86	86-87
REGION I	0 allowed 2 denied	1 allowed 1 denied	1 allowed 0 denied	1 allowed 0 denied	2 allowed 0 denied
REGION II	3 allowed 6 denied	6 allowed 14 denied	0 allowed 1 denied	0 allowed 0 denied	2 allowed 1 denied
REGION III	11 allowed 8 denied	6 allowed 21 denied	5 allowed 14 denied	8 allowed 11 denied	1 allowed 7 denied
REGION IV	1 allowed 1 denied	4 allowed 3 denied	2 allowed 4 denied	2 allowed 4 denied	2 allowed 1 denied
REGION V	1 allowed 0 denied	2 allowed 0 denied	0 allowed 2 denied	0 allowed 3 denied	2 allowed 2 denied

Appendix

Department of Health and Social Services

SUMMARY OF REVENUE AND EXPENDITURES

For the Period April 1, 1986 to March 31, 1987

	Revenue	Expenditures
Departmental Management	$20,288,100	$ 1,271,300
Pharmacy	38,300	1,827,600
Oncology		84,200
Dental Public Health	45,500	1,479,900
Community Mental Health		1,021,000
Nursing	8,700	1,278,600
Community Hygiene		243,600
Home Care and Support	38,800	1,944,700
Community Rehabilitation Services	112,100	4,282,500
Job Creation and Placement		829,200
Child and Family Services	102,500	31,997,600
Aging and Extended Care	5,716,000	26,585,200
	$26,350,000	$72,872,100